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<b>APPLICANTS</b> JOHN ROBERT PORTER, OXFORDSHIRE, UNITED KINGDOM; JOHN CLIFFORD HEAD, BERKSHIRE, UNITED KINGDOM; GRAHAM JOHN WARRELOW, MIDDLESEX, UNITED KINGDOM; SARAH CATHERINE ARCHIBALD, BERKSHIRE, UNITED KINGDOM;					
<b>** CONTINUING DATA *****</b> <i>None</i>					
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9826174.6 11/30/1998					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/06/2000</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> FRANCIS A PAINTIN ESQ WOODCOCK WASBURN KURTZ MACKIEWICZ & NORRIS ONE LIBERTY PLACE-46TH FLOOR PHILADELPHIA, PA 19103					
<b>TITLE</b> BETA-ALANINE DERIVATIVES					
<b>FILING FEE RECEIVED</b> 778	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		